



11650 Northland Dr NE, Rockford MI 49341

Financial Support Declaration by Electronic Funds Transfer (EFT)

I authorize Continental Baptist Missions to initiate
monthly withdrawals in the amount of \$ _____

to be deposited in the missionary support fund of

Brian & Brenda Krueger

This withdrawal is processed around the 15th of each month.

Name (Printed)

Signature of Account Owner

Date

Street Address

City

State

Zip Code

Phone

E-mail Address

Financial Institution Information:

Financial Institution Name

Account Number

Routing Number

ATTACH A VOIDED CHECK FROM THIS ACCOUNT

To stop an automatic withdrawal
or for additional information, contact:

Sharon Horan, CBM Business Manager
shoran@gocbm.org • (616) 863-2226

Thank you for partnering with us!
www.thekruegfam.com



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Name
1234 Street
City, State 12345

PAY TO THE ORDER OF _____ \$

BANK NAME
1234 Street, City ST 12345

ROUTING # _____ ACCOUNT # _____ CHECK # _____

1234

SAMPLE

⑆0⑆①②③④⑤⑥⑦⑧⑨⑩⑪⑫⑬⑭⑮⑯⑰⑱⑲⑳㉑㉒㉓㉔㉕㉖㉗㉘㉙㉚㉛㉜㉝㉞㉟㊱㊲㊳㊴㊵㊶㊷㊸㊹㊺㊻㊼㊽㊾㊿

Name
1234 Street
City, State 12345

PAY TO THE ORDER OF _____ \$

BANK NAME
1234 Street, City ST 12345

ROUTING # _____ ACCOUNT # _____ CHECK # _____

1234

SAMPLE

⑆0⑆①②③④⑤⑥⑦⑧⑨⑩⑪⑫⑬⑭⑮⑯⑰⑱⑲⑳㉑㉒㉓㉔㉕㉖㉗㉘㉙㉚㉛㉜㉝㉞㉟㊱㊲㊳㊴㊵㊶㊷㊸㊹㊺㊻㊼㊽㊾㊿

Name
1234 Street
City, State 12345

PAY TO THE ORDER OF _____ \$

BANK NAME
1234 Street, City ST 12345

ROUTING # _____ ACCOUNT # _____ CHECK # _____

1234

SAMPLE

⑆0⑆①②③④⑤⑥⑦⑧⑨⑩⑪⑫⑬⑭⑮⑯⑰⑱⑲⑳㉑㉒㉓㉔㉕㉖㉗㉘㉙㉚㉛㉜㉝㉞㉟㊱㊲㊳㊴㊵㊶㊷㊸㊹㊺㊻㊼㊽㊾㊿